Qualifying Life Event
Add Eligible Dependents - Health Insurance

King County
Benefits, Payroll and Retirement Operations

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Main Address Benefits, Payroll and Retirement Operations, Chinook Building CNK-ES-0240, 401 Fifth Ave., Seattle, WA 98104-2333

- Submit this form **within 30 days** after your qualifying life event. Forms may be delivered in person, faxed or scanned/emailed.
- If you do not submit this form within 30 days you will be unable to add your dependent until the next annual open enrollment (exception: adding medical coverage for newborn and adopted children).
- This form is used to enroll dependents into the medical plan. Your dependents will not be enrolled if the correct documents are not received.
- To add Life and AD&D insurance complete the *Life/AD&D Change* form, to enroll/change FSA complete the *Change flexible spending account* form, and to change beneficiary information complete the beneficiary forms.

Indicate the qualifying life event (choose one option only)

Qualifying Life Event	Event Date
☐ Marriage (attach copy of marriage certificate)	_____
☐ Establishment of domestic partnership (attach *Affidavit of Domestic Partnership* plus proof of shared obligation and responsibility)	_____
☐ Birth/adoption (attach birth certificate or adoption/placement papers)	_____
☐ Legally designated ward (attach copy of court documents establishing legal custody)	_____
☐ Loss of other coverage • Spouse (attach copy of marriage certificate **AND** proof of loss of other coverage) • Domestic Partner (attach *Affidavit of Domestic Partnership* **AND** proof of loss of other coverage **AND** proof of shared obligation and responsibility) • Child (attach copy of child birth certificate **AND** proof of loss of coverage) • HMO plan participant no longer lives in the HMO service area	_____

Provide information about your dependents

Eligible Relationship Types Spouse • Domestic Partner • Domestic Partner Child • Biological/Stepchild • Adopted Child • Legal Ward

Relationship to Employee	Name	Social Security #	Birthdate	Gender	Office Use Only: Dependent Verified?
				☐ Male ☐ Female	☐ Date _____
				☐ Male ☐ Female	☐ Date _____
				☐ Male ☐ Female	☐ Date _____
				☐ Male ☐ Female	☐ Date _____
				☐ Male ☐ Female	☐ Date _____
				☐ Male ☐ Female	☐ Date _____

Q. Is your spouse/domestic partner a King County employee? ☐ Yes ☐ No

Indicate the benefits you want for your dependents (choose one option only)

☐ Enroll all eligible dependents in health coverage (medical, dental and vision)
☐ Opt Out of medical coverage for all eligible dependents above (still covered under dental and vision)
☐ Dental/vision only for my spouse/domestic partner, but health (medical/dental/vision) coverage for me and eligible children

Note: If you're in the part-time Local 587 Partial Benefits Plan, you may add a dependent for all or part of the health coverage you purchase for yourself. Call our office to discuss your options.

Benefit Access Fee (choose one option only)

The benefit access fee is a monthly deduction of $75 for covering a spouse/domestic partner on County medical insurance unless they qualify for an exception. To indicate whether or not you qualify for an exception, you must elect one of the options below. ***Please note that the BAF resets each year and requires that you go online during the annual open enrollment to make the appropriate election that reflects your status for the following year.*** For the current year, I make the following election:

Benefit Access Fee Charged – Monthly Charge
☐ **SP/DP Benefit Access Fee ($75)** -- My spouse or domestic partner has access to medical coverage through his/her employer; however, I choose to cover my spouse through King County and will pay the monthly access fee. (*Amalgamated Transit Union employee's pay $50)*

Benefit Access Fee Exceptions – No Monthly Charge
☐ **Opt Out or No SP/DP ($0) --** I am either opting out or do not have a spouse or domestic partner.
☐ **No Coverage for SP/DP ($0) --** I choose not to cover my spouse or domestic partner with King County medical benefits.
☐ **SP/DP is a KC Employee ($0) --** My spouse or domestic partner is a King County benefit-eligible employee.
☐ **SP/DP No Access to Health ($0) --** My spouse or domestic partner is either not employed or his/her employer does not offer medical coverage to employees in his/her classification.
☐ **Enrolled in SmartCare Connect ($0) --** I have elected to enroll in SmartCare Connect (Group Health).

Authorize your change

This information is true, correct and complete and amends previously submitted information. I authorize King County to make any payroll deductions or refunds resulting from my requested changes. I understand the willful falsification of any information I have provided may lead to disciplinary action up to and including discharge from employment. If I'm adding a domestic partner and/or a domestic partner's children, I understand deductions based on the taxable value of their benefits will be deducted from my paycheck retroactive to the date the coverage begins. I also understand that the Benefit Access Fee (BAF) resets each year and that I must go online during open enrollment to make any changes. I also understand that it is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Employee signature _____ **Date signed** _____

Printed name _____ **Employee ID#** **0000**_____

Office use only	Date received	Processed by	Audited by	Date effective